

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10-800-901

FILING DATE

03-15-04

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5	1					
6		(1)				
7		(1)				
8		(1)				
9		(1)				
10	1					
11		1				
12		(1)				
13		1				
14		1				
15		1				
16		1				
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46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	16					
TOTAL CLAIMS	19					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						